

ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF BEHAVIORAL HEALTH SERVICES DIVISION DOCUMENT REVISION NOTICE

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by **BOLD** print and the symbol **[X]**. The attached memorandum includes a detailed description of the changes impacting the selected document(s). The revised document(s) will be posted to the ADHS/DBHS website on or around October 1, 2008. Please direct any questions regarding this Division document revision notice to Janice Hippe at (602) 364-4655 or via electronic mail at hippej@azdhs.gov.

DIVISION DOCUMENT	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE
REVISION [X]				[X]
DIVISION DOCUMENT	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
REVISION [X]				

**Arizona Department of Health Services
Division of Behavioral Health Services
Memorandum**

Date: September 3, 2008
To: Stakeholders
From: Margaret Russell, Bureau Chief of Policy
Re: **Final Changes to the ADHS/DBHS Covered Behavioral Health Services Guide**

The following is a summary of the **CORRECTED** final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 6.5. The final revisions will be posted to the ADHS/DBHS website on or around October 1, 2008. Please note that the changes described in this Memorandum represent the **FINAL** changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Section Table Of Contents

1. Correct page numbers on Table of Contents

REPLACE PAGES 2 and 3

Section I.F.4. Place of Service (POS) Codes

1. Add POS 54- Intermediate Care Facility/Mentally Retarded
2. Add POS 57- Non-Residential Substance Abuse Treatment Center

REPLACE PAGE 21

Section II.A.3. Other Professional, HCPCS codes

1. Add service code H0015 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education.
2. Add billing provider types:
Behavioral Health Outpatient Clinic (77)
Licensed Clinical Social Worker (85)
Licensed Marriage/Family Therapist (86)
Licensed Professional Counselor (87)
Licensed Independent Substance Abuse Counselor (A4)
3. Add places of service:
Office (11)
Outpatient Hospital (22)
Federally Qualified Health Center (50)
Community Mental Health Center (53)
Rural Health Clinic (72)

4. Add billing unit: Per Diem
5. Add service code H2033 – Multisystemic therapy for juveniles, per 15 minutes
6. Add billing provider types:
Behavioral Health Outpatient Clinic (77)
Licensed Clinical Social Worker (85)
Licensed Marriage/Family Therapist (86)
Licensed Professional Counselor (87)
Licensed Independent Substance Abuse Counselor (A4)
7. Add places of service:
Office (11)
Home (12)
Outpatient Hospital (22)
Federally Qualified Health Center (50)
Community Mental Health Center (53)
Rural Health Clinic (72)
8. Add billing unit: Per 15 minutes
9. Add billing limitations:
 1. See general core billing limitations in Section I.
 2. Where applicable travel time by the provider is included in the rates. See core provider travel billing limitations in Section I.
 3. Transportation provided to persons and/or family members is not included in the rate and should be billed separately using the appropriate transportation procedure codes.
 4. Alcohol and/or drug services (H0015) and Multisystemic therapy for juveniles (H2033) may not be billed on the same day as each other or on the same day as an inpatient service.

REPLACE PAGES 41-181

Section II.D.8. Sign Language and Oral Interpretive Services

1. In the General Definition under Service Standards/Provider Qualifications, change language to read: "Sign language or oral interpretive services must be provided by staff interpreters, qualified bilingual staff, contract interpreters, or through a telephone interpretation service from an individual behavioral health provider's office, agency, or facility. Licensed providers of sign language services do not need to be registered with AHCCCS but must bill through AHCCCS registered providers. Providers of oral interpretive services of any language must be available free of charge to Title XIX/XXI eligible persons, persons determined to have a Serious Mental Illness and potential enrollees to ensure appropriate delivery of covered behavioral health services".
2. Under billing limitations number 1, remove the last sentence, "Sign language and oral interpretation services are not Title XIX/XXI reimbursable and are an administrative cost". The first sentence remains the same: "The sign language or oral interpretive service code must be billed in combination with a code for a behavioral health service that cannot be delivered effectively without the availability of sign language or interpreter services."

REPLACE PAGES 41-181

Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix:

1. Add procedure codes H0015 and H2033 with an effective date of 7/1/08
2. Add Place of Service Codes (POS) 11, 52, 53, 54, 55, 56, 57 and 72 effective 1/1/08 for service codes 99441, 99442 and 99443
3. End date POS code 99 as of 10/01/08 for service codes 99441, 99442 and 99443

REPLACE APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

1. Add H0015 and H2033 restriction against each other and with inpatient services

REPLACE APPENDIX B-5

Summary of Replacement Appendices and Page Numbers

Section	Replace
Covered Services Guide	Replace pages 2, 3 and 21 Replace old pages 41–180 with new 41-181 due to pagination
Appendix B-2	Entire Appendix
Appendix B-5	Entire Appendix